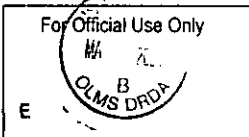


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="05708"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Stephen"/> <input type="text" value="E"/> <input type="text" value="Farner"/> P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 305"/> Street <input type="text" value="25 Century Blvd."/> City <input type="text" value="Nashville"/> State <input type="text" value="Tennessee"/> ZIP Code + 4 <input type="text" value="37027"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Laborers' International Union of N.A."/> Labor Organization File Number <input type="text" value="000-131"/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 300"/> Street <input type="text" value="905 16th Street N.W."/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006"/>
5. Position in labor organization. <input type="text" value="Assistant Regional Manager"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Stephen T. Farner On 5-12-2006   
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name Labor Management Fund Advisors, LLC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 204

Street 5455 Corporate Drive

City Troy

State Michigan ZIP Code + 4 48098

## 14.a. Nature of payment.

4/18/2005- Dinner meeting at a restaurant.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

\$275

## **ADDENDUM PAGE 1 of 1.**

**Stephen E. Farner**

**File Number U-5708**

**Reporting Period: 1/1/2005 through 12/31/2005**

### **ADDENDUM A [UNSOLICITED GIFTS OR PROMOTIONAL ITEMS]**

On several occasions in 2005, I recall that I was given [a] complimentary promotional item[s], such as a [clothing item, accessory or printed material with LIUNA logo, etc.]. At no time did I solicit such item[s] and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item[s], and do not recall the manufacturer or provider of such [an] item[s].

### **ADDENDUM B [MEALS/EVENTS WITH FRIENDS]**

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exists separate and apart from my role as a union officer/employee. In 2005, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

### **ADDENDUM C [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]**

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

### **ADDENDUM D [UNION TO UNION BENEFITS]**

I am not reporting any benefits that I may have received in 2005 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.



# LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

OHIO VALLEY AND SOUTHERN STATES REGIONAL OFFICE

25 Century Boulevard • Suite 305 • Nashville, TN 37214

Phone: (615) 885-7196 • Fax: (615) 885-6765

May 12, 2006

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N- 5616  
Washington, D.C. 20210

TERENCE M. O'SULLIVAN  
General President

ARMAND E. SABITONI  
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ROBERT E. RICHARDSON

JOHN F. HEGARTY

MICHAEL S. BEARSE  
General Counsel

**Re: Form LM-30 Filing for Stephen E. Farner,**  
**Labor Organization File # U-5708**

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2005 reporting period. In filing the report, I have reviewed all of my available 2005 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of the reporting year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2005 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2005.

Sincerely,

Stephen E. Farner  
Assistant Regional Manager

HEADQUARTERS:  
905 16th Street, NW  
Washington, DC  
20006-1765  
(202) 737-8320  
Fax: (202) 737-2754



**Strong, Proud, United**